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Submitted herewith are: Transmittal Form; Response to Final Office Action of January 27, 2006; Patent Application Fee Determination Record

In Re Application Of: Lamy S. Eoff

Attorney Docket No.: 2002-IP-007848U1

Filing Date: 02/18/2004 #10780905 Serial No.: 10789,995

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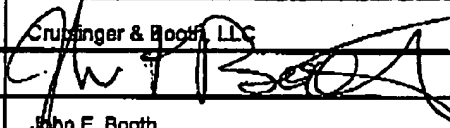
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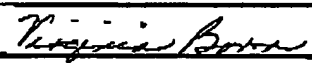
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10789995 10780995
	Filing Date	02/18/2004
	First Named Inventor	Larry S. Eoff
	Art Unit	3328
	Examiner Name	Bryan A. Fuller
	Attorney Docket Number	2002-IP-007848U1
Total Number of Pages in This Submission		13

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Crutsinger & Booth, LLC		
Signature			
Printed name	John F. Booth		
Date	March 27, 2008	Reg. No.	25,325

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Typed or printed name	Virginia Bom	Date	March 27, 2006

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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 2002-IP-007848U1/10780995			
APPLICATION AS FILED - PART I					SMALL ENTITY OR OTHER THAN SMALL ENTITY			
FOR	NUMBER FILED (Column 1)	NUMBER EXTRA (Column 2)	RATE (\$) (Column 3)	FEE (\$) (Column 4)	RATE (\$) (Column 5)	FEE (\$) (Column 6)		
BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A	N/A	N/A		N/A			
SEARCH FEE (37 CFR 1.16(d), (e), or (f))	N/A	N/A	N/A		N/A			
EXAMINATION FEE (37 CFR 1.16(g), (h), or (i))	N/A	N/A	N/A		N/A			
TOTAL CLAIMS (37 CFR 1.16(j))	minus 20 =	*	X =		X =			
INDEPENDENT CLAIMS (37 CFR 1.16(k))	minus 3 =	*	X =		X =			
APPLICATION SIZE FEE (37 CFR 1.16(l))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(m).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(n))			N/A		N/A			
* If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL		TOTAL			
APPLICATION AS AMENDED - PART II					SMALL ENTITY OR OTHER THAN SMALL ENTITY			
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(o))	Minus	=	X =		X =		
	Independent (37 CFR 1.16(p))	Minus	=	X =		X =		
	Application Size Fee (37 CFR 1.16(q))							
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(r))			N/A		N/A		
TOTAL ADD'L FEE					TOTAL ADD'L FEE			
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(o))	19	Minus 96	= 0	X =		X =	
	Independent (37 CFR 1.16(p))	4	Minus 3	= 1	X =		X 200 =	200
	Application Size Fee (37 CFR 1.16(q))							
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(r))			N/A		N/A		
TOTAL ADD'L FEE					TOTAL ADD'L FEE		200	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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